## ISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH Primary Registration District No. / 002 Registrat's No. Registration District No. DO NOT WRITE AMENDED ON THIS STUB FILED JAN 1 7 1964 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before a. STATE Missouri b. COUNTY a. COUNTY VS 300 Jackson admission) AMENDED Jackson Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of the c. CITY Inside Limits Kansas City Kansas City TOWN <del>-5 da∜s</del> Yes | No | c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, give location) Reside on Farm DATE HOSPITAL OR General Hospital **ADDRESS** 439 Myrtle Yes 🔲 No 🖂 Yes □ No □ 3. NAME OF DECEASED Middle Last 4. DATE (Type or print) Fay DEATH Irene Burch December 31, 1963 P. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. Married X Never Married [] Months Days Widowed 🔲 Divorced [7] 53 6-6-1910 Female White 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 6 Pettis Co., Mo. U. S. A. housewife 14. NAME OF HUSBAND OR WIFE 13b. MOTHER'S MAIDEN NAME 13a, FATHER'S NAME Eva Friends Robert E. Burch William H. Johnson 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of Robert E. Burch 439 Myrtle 18. CAUSE OF DEATH (Enter only one cause per time (or (b), (b), end (c). PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH 10 Rhoumatic heart disease with congestive heart IMMEDIATE CAUSE (a) 6 failure 11 INSTEAD Conditions, if any, which gave rise to above cause (a), Ξ stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III, If deceased was CERTIFICATION there a pregnancy in last 90 days. disesse condition given in PART I (a) ☐ Yes ☐ No □ Unknown Pneumonitis unknown etiology AMENDMENT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT SUICIDE HOMICIDE 19. WAS AUTOPSY PERFORMED? YES | NO IK Month, Day, Year 20c. TIME OF Hour RIBBON INJURY a.m. 20e. PLACE OF INJURY (e.g., In or about home, 20f. CITY, TOWN, OR LOCATION farm, factory, street, office bldg., etc.) COUNTY STATE 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK [ READ YPEWRITER \_and last saw him alive on\_\_\_ 12-31-63 12-26-63 21. I attended the deceased from 10:10 Am on the data stated above, and to the best of my knowledge, from the causes stated. 뎝 SHOULD Dest 22c. DATE SIGNED 22b. ADDRESS (Degree of title) 22a. SIGNATURE 2400 Cherry an ww AFFIDAVIT

23c. NAME OF CEMETERY OR CREMATORY

Maple Hill

23b. DATE

1-3-64

ADDRESS

Reising Funeral Home Kansas City, Kans.

C. 23a. BURIAL, CREMATION.

124. FUNERAL DIRECTOR

Ö.

ĒŊ

REMOVAL (Specify)

23d. LOCATION (City, town, or county)

25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE

Kansas City, Kans.

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Student Embalmer No.\_ working under my personal supervision. Student Signature of Student Embalmer

Licensed Embalmer N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.